

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005200

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 37 Primary Registration District No. 5116 Registrar's No. 10

FILED FEB 28 1963

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sturgeon</u>		c. CITY OR TOWN <u>Sturgeon</u>	
c. FULL NAME OF (If NOT hospital, give location) HOSPITAL OR INSTITUTION <u>B.F.D. # 2</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 2</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Hannah Katherine Goan</u>			4. DATE OF DEATH Month Day Year <u>Feb. 22, 1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY-10-1879</u>	9. AGE (last birthday) <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>
11. BIRTHPLACE (City and state or country) <u>Iowa</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		

13a. FATHER'S NAME <u>C. P. Nickneller</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia's Merritt</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Mrs. Chester Souther, Sturgeon, Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Influenza</u> DUE TO (b) <u>0</u> DUE TO (c) <u>0</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of the left forehead for 13 years</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <u>None</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>None</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
20f. CITY, TOWN, OR LOCATION <u>Centralia, Missouri</u>		COUNTY <u>Boone</u>		STATE <u>Missouri</u>	

21. I attended the deceased from <u>October 28, 1959</u> to <u>February 21, 1963</u> and last saw her alive on <u>Feb. 21, 1963</u>	
Death occurred at <u>4:00</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <u>L. Lachance M.D.</u>		22b. ADDRESS <u>Centralia, Missouri</u>		22c. DATE SIGNED <u>Feb. 25, 1963</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-23-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Grove Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Clark, Missouri</u>		(State) <u>Missouri</u>			

24. FUNERAL DIRECTOR <u>Paul O. Ballard, Centralia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 25-1963</u>		26. REGISTRAR'S SIGNATURE <u>Maud M. Bride</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul P. Ballou

Licensed Embalmer No.

4206

P. O. Address

Centerville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Br. out of town for "Holidays", Feb 22 - 1963

MAR 4 1963